

THE REGISTRATION OF MIDWIVES

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CHARLES JAMES CULLINGWORTH

M.D., HON. D.C.L. DURH., F.R.C.P.

OBSTETRIC PHYSICIAN TO ST. THOMAS'S HOSPITAL, LONDON ; PRESIDENT OF
THE LONDON OBSTETRICAL SOCIETY ; EXAMINER IN OBSTETRIC MEDICINE
AT THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND THE
UNIVERSITY OF CAMBRIDGE ;
LATE PROFESSOR OF OBSTETRICS AND GYNÆCOLOGY AT THE OWENS COLLEGE,
MANCHESTER, AND EXAMINER IN OBSTETRIC MEDICINE AT THE UNIVERSITY
OF LONDON AND THE VICTORIA UNIVERSITY


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FOR

THE ASSOCIATION FOR PROMOTING THE COMPULSORY
REGISTRATION OF MIDWIVES



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THE REGISTRATION OF MIDWIVES

AS the subject may be new to many of my readers, it may be well at the outset to state briefly what is meant by the registration of midwives, and why we are anxious to bring it about. Having endeavoured to make these points clear, I purpose noticing some of the more important objections that have from time to time been urged against it.

First of all, then, what *is* the registration of midwives?

It is supposed by many people that most of the confinements in this country are attended by doctors. Until I became interested in this question and inquired into the matter, I certainly shared this impression. I knew, of course, that a certain number of poor women, both in town and country, were attended by midwives; but if I had been asked some years ago what proportion of confinements was attended by women, I should have said a comparatively very small one. Not very long ago returns were obtained from a number of trained midwives in various parts of the country, and from over eight hundred mothers of the pauper class, or the class immediately above. The mothers were simply asked how many confinements they had had, and whether they were attended by doctor, doctor's assistant, neighbour, or midwife. It transpired that out of 4000 confinements, 2500, or 62 per cent., were attended by midwives. These figures came from all parts of the country, from agricultural and mining centres, from factory towns, and from the various districts of London. They may therefore be considered as fairly representative. That they furnished an approximation to the truth is shown by comparing them with the results of a totally independent inquiry instituted a few years previously, at the suggestion of the Registrar-General, by the Obstetrical Society of London. It was ascertained on that occasion

that, though in the small towns the percentage of poor women attended by midwives was not more than from 5 to 10 per cent., in the large provincial towns and in the villages from 30 to 90 per cent. of the confinements were in the hands of women. Thus, for example, in East London 30 to 50 per cent. of the women had no doctor, and in Coventry 90 per cent.

On the whole, it may safely be assumed that from one half to three quarters of the confinements in England and Wales are attended by midwives and not by doctors. With regard to the number of midwives in the country, it was stated some years ago, on the authority of the late Sir James Stansfeld, that there were then about 10,000. It is estimated that the number is now much larger. The vast majority of these are untrained, ignorant, and utterly incompetent. The natural result is that a serious amount of injury is inflicted, and a large number of deaths occur that might, under a different system, be absolutely prevented.

The object we have in view in endeavouring to promote legislation is to secure that every woman calling herself a midwife, and thereby proclaiming herself competent to give aid in straightforward cases of childbirth, shall have had at least some instruction and practical training, and shall have given proof, by the passing of an examination, that she possesses at least such an elementary knowledge of the subject as shall enable her to deal competently with simple cases, to recognise before it is too late difficulties and complications in which medical assistance is required, and to know how to prevent blood-poisoning, the great scourge of childbirth and the principal source of its fearful mortality. Thanks to the voluntary efforts of the Obstetrical Society of London and some other institutions, there is already a considerable number of midwives in this country who have undergone such a training and passed such an examination as I have just indicated. But the vast majority of practising midwives still belong to the untrained class, and the poor have at present no sufficient means of distinguishing the competent from the incompetent. The object of the Midwives Registration Bill is to enable them to make this distinction. It provides that no woman shall be allowed to call herself a midwife without being registered, and in order to be registered, she must have produced evidence of having received a proper training and passed a suitable examination. It is not to be supposed that the passing of such a measure would sweep away the evils complained of all at once. No British Parliament would give its sanction to a clause making it penal for an unregistered woman to aid a neighbour in her extremity, and it would still, therefore, be open to the poor to employ the old-fashioned and untrained midwife if they preferred to do so. And many, no doubt, from force of habit, would do so. But, at any rate, such a Bill as we propose would prevent

them from being imposed upon. They would know what they were doing when they engaged a woman to attend them, and if they chose to employ an unregistered midwife they would do so with their eyes open. And, slowly perhaps but surely, the demand, under such circumstances, for the trained and competent women on the register would increase, and the race of ignorant and unskilful women, in whose hands the practice now so largely rests, would gradually disappear.

There is another thing that would be accomplished by such a Bill as we propose. At present there is no sort of supervision or control exercised or capable of being exercised over midwives. Unless they do something so outrageous as to bring themselves within reach of the criminal law they cannot be meddled with. They may be grossly incompetent, they may spread puerperal fever broadcast, they may be drunken, they may take upon themselves to give medicines, perform operations and undertake duties which can only be safely undertaken by a fully and properly trained doctor, and for none of these things can they be punished, or suspended, or in any way interfered with. Only within the last month or two a case occurred at Hammersmith, illustrating very forcibly the powerlessness of the law as it stands at present. A woman, attended by a midwife, was confined prematurely. The following day the child died. The coroner held an inquest, at which evidence was given to the effect that if medical assistance had been obtained the child's life might possibly have been saved. No doctor was summoned until after the child's death. The midwife admitted that she had no special knowledge beyond what she possessed from the fact of being herself a married woman. She did not think the child would live long, but she did not expect it to die when it did, or she would have summoned a doctor. The coroner stated that the same midwife had been censured by a jury during the previous year for not calling in a doctor. She was once more censured, and again left the court to resume her practice.

This same midwife, a woman of about seventy, had been censured four years previously by the same coroner for spreading puerperal fever. Of what avail is all this censure? Absolutely none. The coroner and the jury expressed a strong opinion that the practice of unqualified midwives should be prohibited by law. And there the matter rests until some fresh victim of her ignorance comes to an untimely end, and she is brought again before the court, when the solemn farce will doubtless be repeated. If the Midwives Registration Bill became law, the practice and conduct of midwives would, for the first time, be placed under efficient supervision and control. Means would be found for dealing, not only with gross offences, but with cases of misconduct and incompetency which now go unnoticed and unpunished. These are some of the more obvious advantages that

legislation would secure to us. But there is another and incidental advantage, perhaps less obvious but certainly to my mind not less important. I mean the moral and social improvement of the midwives themselves. By enrolling them upon a register and recognising them as a specially trained and skilled body of women, we should be giving them a new sense of responsibility which we believe would have the effect of raising their moral tone. It has been said that if we really desire to benefit the poorer classes of the community in this matter, we ought to agitate, not for the very partial amount of training and instruction that this Bill contemplates, but for the entire abolition of the practice of midwifery by midwives. To this we reply, in the first place, that it is not an easy matter to change our customs all at once, or suddenly to bring to an end the active employment of a class numbering certainly upwards of ten thousand. Besides which, no such proposal would be listened to in the Houses of Parliament for one moment. Every member, and indeed all reasonable people, would recognise and respect the right of every poor woman to employ a midwife if she likes. Again, the question is purely one of supply and demand. There is, and will continue to be, a demand for the services of midwives, for this, if for no other reason, that they can be obtained more cheaply. There is an enormous number of poor women who cannot afford even the very lowest confinement fee that a doctor charges. The choice of these poor creatures lies between employing a midwife and accepting gratuitous assistance. To many the latter is hateful. They prefer to adopt the more independent course and engage a midwife. Are we to quarrel with them for it? On the contrary, are we not bound to acknowledge that the choice is greatly to their credit? Besides, it must be remembered that the midwife undertakes certain duties with regard to both mother and child that no doctor can undertake. If a poor woman engages a midwife, the performance of these duties is included in the contract. If she is attended by a doctor, usually some woman has to be hired to come and do them. So that the extra cost of employing a doctor is often not the mere difference between the midwife's fee and the doctor's but between the single fee of the midwife on the one hand and the two fees of the doctor and the neighbour on the other.

Some of our friends have said—Why not leave this matter in the hands of the voluntary examining bodies? The answer is that the powers of any voluntary body are necessarily far too limited to meet the necessities of the case. It cannot take any steps to prevent untrained and uncertificated women from calling themselves midwives, nor can it, for want of legal powers, exercise any effectual supervision and control even over those who possess its own certificates much less over the general body of midwives. The Obstetrical Society of London, the most important of the voluntary examining bodies,

only undertook the work after having repeatedly and urgently besought the Government to take the matter up. The Society has all along been of opinion, and is still of opinion, that the question is one with which the State alone can adequately deal. It was only after years of fruitless endeavour that the Society itself, acting under a strong sense of public duty, attempted to mitigate the existing evils by instituting a system of voluntary examination. From the first it has regarded its examination as a mere temporary expedient to be adopted only until such time as the State awakens to a sense of its responsibilities. It is ready, at any moment, to hand over to a properly constituted board, acting with full legal powers, and under State control, work that it has always regarded as being outside its own proper functions as a scientific society.

For many years its examiners performed their duties without receiving a farthing of remuneration. When the number of candidates had become very large, and the work of the examiners had become proportionately heavier, the Society thought it unfair that they should continue to work for nothing, and they now receive an honorarium for their labours. I mention this because the opponents of legislation have accused the Society of being actuated by motives of greed, of "selling bogus diplomas." The charge is utterly without foundation. There is not one of the examiners who would not to-morrow willingly relinquish his functions and forgo his modest honorarium if only the ardent wish of the Society could be realised, and the State would step in to do the work that properly belongs to it.

It has frequently been asked, How is it that the movement is so strongly opposed by a certain section of the medical profession? I believe it is because they have not fully grasped the situation, and because they have been somewhat too ready to listen to a band of agitators who are continually assuring the profession that its interests are threatened. There is no proof that the interests of the medical profession would be in any way endangered by such legislation as we propose. I have already shown that the object of the Bill is not to create a new order of midwifery practitioners, but to ensure that the enormous body of midwives already existing shall have, at least, some elementary knowledge of their work, and shall be placed under an organised system of supervision and control, that they shall, in other words, become a source of well-being to the community, instead of being, as is now too commonly the case, a source of danger.

The Select Committee of the House of Commons appointed in 1893, after hearing evidence as to the probable extent to which the interests of the medical profession would be affected by the proposed legislation, expressed the opinion that "the suggested injury is not likely to prove serious," and that, on the contrary, medical men would be relieved

from much irksome and often ill-requited work. If the midwives are trained to know when to send for a doctor, they will prove, not a hindrance to him, but a continual and efficient help. At present the majority of them, partly through ignorance, partly through fear, and partly from a false pride, only send for help when it is too late. It has been said that the trained and educated midwife would be less likely to call in the doctor in cases of difficulty and danger than the present race of untrained and ignorant women who practice midwifery. This is surely an extraordinary assumption. It takes for granted that women with a little knowledge would necessarily be more foolish than women who have none. It is, moreover, contrary to experience. It is found that trained and certificated midwives not only recognise difficulties earlier, but are more ready to send for timely help. Of course there are exceptions, as there always will be, but, speaking generally, the better trained a midwife is, the more eager she is to summon medical assistance whenever any untoward complication presents itself or is even suspected.

It has been asserted that there is quite a sufficient number of doctors to attend all the confinements in the country, and that the State ought to see that every woman is provided in her confinement with the services of a properly qualified medical practitioner. In the first place, every woman has a right to please herself whether she is attended by a midwife or a doctor. Then, again, there are no public funds available for paying medical men for attendance on all the women who cannot afford a reasonable fee. Besides which, there are parts of the country where doctors are few and far between, and where it is physically impossible for them to attend all the confinements in the surrounding hamlets and villages. This is notably the case in certain of the hilly districts of Wales.

The Medical Officer of Health for Glamorganshire, Dr. Williams, recently published a paper, illustrated by maps, showing the relative death-rate from puerperal fever in the various districts and counties of England and Wales. Puerperal fever is, I need not say, a form of blood poisoning that has been shown to be, with proper management, almost wholly preventible. Between the years 1848 and 1894, the heaviest death-rate from this cause occurred in Lancashire, North and South Wales, Northumberland and Cheshire. Taking the shorter and more recent period embraced between the years 1885 and 1894, Lancashire, Cheshire, and North and South Wales still maintain their unenviable pre-eminence in the black list, Northumberland disappears from it, and Derbyshire and the West Riding of Yorkshire take its place. With regard to Wales, Dr. Williams, knowing the district, is able to give us some particularly valuable information. He states that puerperal fever chiefly prevails, not in the towns where doctors and *trained* midwives are abundant, but in the hilly districts and mining

valleys where the confinements are for the most part attended by unskilled and ignorant women, who indeed call themselves midwives and systematically act as such, but who have had absolutely no training and whose only qualification usually is that they are themselves mothers.

The same conditions under which puerperal fever is excessive in Wales prevail in, at least, some parts of Lancashire. In one coal-mining district, scarcely one-fifth of the confinements are attended, at any stage, by a doctor. "The work is done," according to evidence given before the Select Committee of the House of Commons, "by women who practise as midwives, but who are with few exceptions untrained and in very many cases grossly ignorant and incompetent."

We wish by this Bill to introduce a system that will gradually effect an improvement in this matter. We desire to see the untrained and ignorant midwife superseded by one who will at least know something of the conditions under which this terrible malady is produced, who will know and adopt the precautionary measures necessary to prevent it, and who, when it *is* present, will know how to arrest its spread.

A strong argument in favour of legislation is derived from a consideration of the number of cases of blindness due to neglect of the infant immediately after birth. In the year 1884 it was ascertained by a committee of the Ophthalmological Society of Great Britain that in the institutions for the blind in London, York, Belfast and Hull 30 to 40 per cent. of the inmates owed their blindness to infantile ophthalmia. It has been conclusively proved that this disease can be prevented by the adoption of measures so simple that they are quite within the capacity of the ordinary trained midwife. It is part of her training that she shall know how to prevent it and how to recognise and deal with it when it has actually commenced. It is the want of this knowledge on the part of the majority of women who now act as midwives that leads to so many of these cases ending in hopeless blindness. If we could but prevent the ophthalmia of the newly born, or secure its prompt and early treatment, we should diminish the amount of blindness at present existing in this country by one-third.

So long ago as 1616, Dr. Peter Chamberlen entreated James I. "that some order may be settled by the State for the instruction and civil government of midwives." His son, who was physician to three kings and queens of England, moved the Crown to organise midwives into a company. The opposition he encountered drew from him a reply which he entitled "A voice in Ramah: or, the crie of women and children." Alluding to the arguments of his opponents, he says, "The objection infers thus much, Because there was never

any order for instructing and governing of midwives, therefore there never must be. Because multitudes have perished, therefore they still must perish. Because our Fore-fathers have provided no remedie, nor knew any, therefore we must provide none though we know it. If all our Fore-fathers had subscribed to this Argument, there had never been beginning of those many Conveniences we now enjoy, and we had been left to the World's first ignorance and nakednesse." And he winds up his reply by the following impassioned utterance. "I now have unfolded my Talent from the Napkin. I have washed my hands; I have delivered my soul. *The mighty God of Compassions blesse this Publick Information to his Glory. Amen.*"

From that day to this, proposals have continued to be made from time to time for the instruction and government of midwives. In 1813 the Society of Apothecaries made an appeal to Parliament on the subject. In 1889 the General Medical Council passed the following resolution: "That this Council regards the absence of public provision for the education and supervision of midwives as productive of a large amount of grave suffering and fatal disease among the poorer classes, and urges upon the Government the importance of passing into law some measure for the education and registration of midwives."

In 1891 a committee, appointed by the Royal College of Physicians to report upon the Midwives Bill then before Parliament, expressed its conviction that legislative action was desirable, and only last year that College reaffirmed, by formal resolution, its sympathy with the movement for securing the due education, examination and registration of midwives.

It cannot, therefore, be said that the promoters of legislation on this subject are without strong medical support. That there is also strong medical opposition is, alas! too true. That opposition is, it seems to me, based on an utterly erroneous idea as to the position of the doctor in the social edifice. Even if it be granted, which I do not for one moment believe, that the interests of the medical profession would be injuriously affected by the passing of this measure, it must be remembered that no class interests ought to be permitted to stand in the way of what can be shown to be for the good of the community. As doctors we have no right to be considered, no right to exist, except so long as we serve the interests of the public. "The essential thing," as Sir William Priestley has well said, "is to approach the subject in the interest of the poor. The public good and the interests of the medical profession may seem at times to be antagonistic, but in the long run they will be found to be in unison, and if," continues Sir William, "medical men are to maintain the character for unselfishness which is now by common consent accorded to them, it is well to put in the background any fear that their rights will be

infringed." "My own belief," he says in another place, "is that the fear of registered midwives, properly regulated, taking practice out of the hands of medical men is exaggerated. Such fears always are exaggerated. I have studied the question in all the countries of Europe, and I find that in none of them are midwives regarded with jealousy by medical practitioners, and that Great Britain is the only country in Europe where midwives are not educated and registered by the State."

It is high time for all who are jealous for the good name of their country, and who are interested in its welfare, to unite in a sturdy endeavour to remove this disgrace and to resolve to give our legislators no peace until, with that object, they have placed an efficient measure on the Statute Book.

